



Reprinted
April 6, 2005

ENGROSSED SENATE BILL No. 416

DIGEST OF SB 416 (Updated April 5, 2005 12:05 pm - DI 77)

Citations Affected: Noncode.

Synopsis: Diagnostic imaging and outpatient facilities. Establishes the diagnostic imaging facility council. Requires the health finance commission to study the need for ambulatory outpatient surgical centers and diagnostic imaging facilities to be licensed and report financial and patient information.

Effective: July 1, 2005.

Gard, Miller, Simpson

(HOUSE SPONSORS — BECKER, BROWN C)

January 13, 2005, read first time and referred to Committee on Health and Provider Services.

February 17, 2005, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

February 24, 2005, amended, reported favorably — Do Pass.

February 28, 2005, read second time, amended, ordered engrossed.

March 1, 2005, engrossed. Read third time, passed. Yeas 37, nays 11.

HOUSE ACTION

March 10, 2005, read first time and referred to Committee on Public Health.

March 31, 2005, amended, reported — Do Pass.

April 5, 2005, read second time, amended, ordered engrossed.

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ES 416—LS 7698/DI 104+



Reprinted
April 6, 2005

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 416

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. [EFFECTIVE JULY 1, 2005] (a) As used in the
2 SECTION, "diagnostic imaging facility" means a place, an entity,
3 an enterprise, a motor vehicle, or a vehicle that provides diagnostic
4 imaging services to an individual for the purpose of providing
5 health care.
6 (b) As used in this SECTION, "diagnostic imaging service"
7 means any of the following services or procedures:
8 (1) Computed tomography.
9 (2) Positron emission tomography.
10 (3) Magnetic resonance imaging.
11 (4) Nuclear imaging.
12 (5) Ultrasonography, except when used in the course of
13 providing obstetrical care.
14 (6) Angiography.
15 (7) A service or procedure identified as a diagnostic imaging
16 service under a rule adopted by the state department under
17 IC 16-24.5.

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1 The term includes a service or procedure described in this
2 subsection that requires the insertion of a needle, catheter tube, or
3 probe through the skin or a body orifice.

4 (c) As used in this SECTION, "commission" refers to the health
5 finance commission established by IC 2-5-23-3.

6 (d) The commission shall study:

7 (1) the need to obtain financial and patient information from
8 diagnostic imaging facilities and ambulatory outpatient
9 surgical centers;

10 (2) the need to license diagnostic imaging facilities; and

11 (3) if the commission determines that there is a need to obtain
12 financial and patient information under subdivision (1):

13 (A) the means to collect the information; and

14 (B) the health care professionals and facilities that should
15 be required to report the information.

16 (e) Before November 15, 2005, the commission shall issue a
17 report. The report must contain the commission's findings and
18 recommendations. The commission shall submit a copy of the
19 report to the executive director of the legislative services agency in
20 an electronic format under IC 5-14-6.

21 (f) This SECTION expires December 31, 2005.

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 416, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-18-2-52.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 52.5. (a) "Charity care", for purposes of IC 16-21-6, **and IC 16-21-6.5**, IC 16-21-9, **IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7** means the unreimbursed cost to a hospital, **an ambulatory outpatient surgical center, or a diagnostic imaging facility** of providing, funding, or otherwise financially supporting health care services:

(1) to a person classified by the hospital, **ambulatory outpatient surgical center, or diagnostic imaging facility** as financially indigent or medically indigent on an inpatient or outpatient basis; and

(2) to financially indigent patients through other nonprofit or public outpatient clinics, hospitals, or health care organizations.

(b) As used in this section, "financially indigent" means an uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the ~~hospital's~~ financial criteria and procedure **of the hospital, an ambulatory outpatient surgical center, or a diagnostic imaging facility** used to determine if a patient is eligible for charity care. The criteria and procedure must include income levels and means testing indexed to the federal poverty guidelines. A hospital, **an ambulatory outpatient surgical center, or a diagnostic imaging facility** may determine that a person is financially or medically indigent under the ~~hospital's~~ eligibility system **of the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility** after health care services are provided.

(c) As used in this section, "medically indigent" means a person whose medical or hospital bills after payment by third party payors exceed a specified percentage of the patient's annual gross income as determined in accordance with the ~~hospital's~~ eligibility system **of the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility**, and who is financially unable to pay the remaining bill.

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SECTION 2. IC 16-18-2-64.4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 64.4. "Community", for purposes of IC 16-21-6, **and IC 16-21-6.5**, IC 16-21-9, **IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7** means the primary geographic area encompassing at least the entire county in which the hospital, **ambulatory outpatient surgical center, or diagnostic imaging facility** is located and patient categories for which the hospital, **ambulatory outpatient surgical center, or diagnostic imaging facility** provides health care services."

Page 1, between lines 15 and 16, begin a new paragraph and insert:

"SECTION 5. IC 16-18-2-77.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 77.5. (a) **"Contributions"**, for purposes of IC 16-21-6, IC 16-21-6.5, IC 16-21-9, IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7, means the dollar value of cash donations and the fair market value at the time of donation of in kind donations to the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility from individuals, organizations, or other entities.

(b) The term does not include the value of a donation designated or otherwise restricted by the donor for purposes other than charity care."

Page 2, line 14, delete "IC 16-21-2 and".

Page 2, line 15, delete "facility, physical location," and insert **"place, an entity, an enterprise, a"**.

Page 2, line 15, delete "vehicle:" and insert **"a vehicle"**.

Page 2, delete line 16.

Page 2, line 17, delete "(2) where diagnostic imaging services are provided" and insert **"that provides diagnostic imaging services"**.

Page 2, run in lines 15 through 17.

Page 2, line 25, delete "thirty-five" and insert **"forty"**.

Page 2, line 25, delete "(35%)" and insert **"(40%)"**.

Page 2, line 29, after "payor." insert **"The calculation of the forty percent (40%) limitation is based on the billed health care services and the billed diagnostic imaging services provided by all the physicians in the office."**

Page 3, line 11, delete "IC 16-21-2 and".

Page 3, delete line 13.

Page 3, line 14, delete "(2)" and insert **"(1)"**.

Page 3, line 15, delete "(3)" and insert **"(2)"**.

Page 3, line 16, delete "(4)" and insert **"(3)"**.

Page 3, line 17, delete "(5)" and insert **"(4)"**.

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Page 3, line 18, delete "(6) Ultrasonography." and insert **"(5) Ultrasonography, except when used in the course of providing obstetrical care."**

Page 3, line 19, delete "(7)" and insert **"(6)"**.

Page 3, line 20, delete "(8)" and insert **"(7)"**.

Page 4, between lines 2 and 3, begin a new line block indented and insert:

"(5) Mammography.

SECTION 9. IC 16-18-2-99.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 99.5. "Donations", for purposes of IC 16-21-6, ~~and IC 16-21-6.5~~, IC 16-21-9, **IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7**, means the unreimbursed costs of providing cash and in kind services and gifts, including facilities, equipment, personnel, and programs, to other nonprofit or public outpatient clinics, hospitals, **ambulatory outpatient surgical centers, diagnostic imaging facilities**, or health care organizations."

Page 4, delete lines 10 through 14.

Page 6, between lines 23 and 24, begin a new paragraph and insert the following:

"SECTION 17. IC 16-18-2-342.4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 342.4. (a) "Subsidized health services", for purposes of IC 16-21-6, ~~and IC 16-21-6.5~~, IC 16-21-9, **IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7**, means services that:

(1) are provided by a hospital, **an ambulatory outpatient surgical center, or a diagnostic imaging facility**, in response to community needs, for which the reimbursement is less than the ~~hospital's~~ cost for providing the services **by the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility**; and

(2) must be subsidized by other hospital, **ambulatory outpatient surgical center, diagnostic imaging facility**, or nonprofit supporting entity revenue sources.

(b) Subsidized health services may include:

- (1) emergency and trauma care;
- (2) neonatal intensive care;
- (3) free standing community clinics; and
- (4) collaborative efforts with local government or private agencies in preventive medicine, such as immunization programs.

(c) As used in this section, "nonprofit supporting entity" means a nonprofit entity that is created by the hospital, **ambulatory outpatient surgical center, or diagnostic imaging facility** or the ~~hospital's~~ parent

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entity of the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility to further the charitable purposes of the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility and that is owned or controlled by the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility or the hospital's parent entity of the hospital, ambulatory outpatient surgical center, or diagnostic imaging facility.

SECTION 18. IC 16-18-2-361.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 361.5. (a) "Unreimbursed costs", for purposes of IC 16-21-6, and IC 16-21-6.5, IC 16-21-9, IC 16-21-9.5, IC 16-24.5-6, and IC 16-24.5-7, means the costs a hospital, an ambulatory outpatient surgical center, or a diagnostic imaging facility incurs for providing services after subtracting payments received from any source for such services, including the following:

- (1) Third party insurance payments.
- (2) Medicare payments.
- (3) Medicaid payments.
- (4) Medicare education reimbursements.
- (5) State reimbursements for education.
- (6) Payments from drug companies to pursue research.
- (7) Grant funds for research.
- (8) Disproportionate share payments.

(b) For purposes of this definition, **hospital** costs must be calculated by applying the aggregate cost to charge ratios for all hospital services derived from the hospital's Medicare cost report to billed charges. Before January 1, 1997, for purposes of this definition, charitable contributions and grants to a hospital, including transfers from endowment or other funds controlled by the hospital, or the hospital's nonprofit supporting entities, shall not be subtracted from the costs of providing services for purposes of determining unreimbursed costs. Beginning January 1, 1997, for purposes of this definition, charitable contributions and grants to a hospital, including transfers from endowment or other funds controlled by the hospital, or the hospital's nonprofit supporting entities shall not be subtracted from the costs of providing services for purposes of determining the unreimbursed costs of charity care and government sponsored indigent health care.

(c) As used in this section, "government sponsored indigent health care" has the meaning set forth in IC 16-21-9-2.

(d) As used in this section, "nonprofit supporting entity" means a nonprofit entity that is created by the hospital, the ambulatory

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outpatient surgical center, or the diagnostic imaging facility or the hospital's parent entity of the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility, to further the charitable purposes of the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility and that is owned or controlled by the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility or the hospital's parent entity of the hospital, the ambulatory outpatient surgical center, or the diagnostic imaging facility."

Page 7, line 32, delete "hospital" and insert "**center**".

Page 8, delete lines 18 through 42.

Delete page 9.

Page 18, line 39, delete "Three (3)" and insert "**Two (2)**".

Page 18, line 41, after "(4)" insert "**One (1) individual who is:**

(A) a radiological technologist; and

(B) certified by the American Registry of Radiologic Technologists.

(5)".

Page 18, line 42, delete "(5)" and insert "**(6)**".

Page 20, line 42, after "Sec. 1." insert "**(a)**".

Page 20, after line 42, begin a new paragraph and insert:

"(b) This article does not apply to an entity or a location described in IC 16-18-2-94.5(b) unless the entity or a location meets the forty percent (40%) limitation described in IC 16-18-2-94.5(b)(1)."

Page 25, line 37, delete "An agency, a building, an institution, a place" and insert "**A place, an entity, an enterprise,**".

Page 25, line 39, delete "agency, building, institution,".

Page 25, line 39, after "place," insert "**entity, enterprise,**".

Page 26, line 3, delete "an agency, a building, an institution,".

Page 26, line 3, after "place," insert "**an entity, an enterprise,**".

Page 34, line 34, after "2005]" insert "IC 16-18-2-69.4; IC 16-18-2-69.5;".

Page 36, line 30, delete "committee." and insert "**commission.**".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 416 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 9, Nays 0.

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SENATE MOTION

Madam President: I move that Senator Miller be added as second author of Senate Bill 416.

GARD

 COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 416, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 34, delete "or".

Page 3, line 35, after "IC 25-29;" insert "**or**".

Page 3, between lines 35 and 36, begin a new line double block indented and insert:

"(E) optometrist licensed under IC 25-24;".

Page 5, between lines 14 and 15, begin a new line double block indented and insert:

"(D) An optometrist licensed under IC 25-24, acting within the scope of practice of IC 25-24 and IC 25-26-15."

Page 12, delete lines 22 through 23.

Page 12, line 24, delete "(2)" and insert "(1)".

Page 12, delete lines 25 through 27.

Page 12, line 28, delete "(6)" and insert "(2)".

Page 12, line 32, delete "(7)" and insert "(3)".

Page 12, line 33, delete "(8)" and insert "(4)".

Page 12, delete lines 36 through 39.

Page 12, line 40, delete "(G)" and insert "(C)".

Page 12, line 41, delete "(H)" and insert "(D)".

Page 12, line 42, delete "(I)" and insert "(E)".

Page 13, line 1, delete "(J)" and insert "(F)".

Page 13, line 2, delete "(K) itemization of" and insert "(G)".

Page 13, line 3, delete "(L)" and insert "(H)".

Page 13, delete lines 5 through 21.

Page 13, line 25, delete "accounts." and insert "**accounts, or certified as accurate by the center's owners.**".

Page 16, delete lines 4 through 42.

Page 17, delete lines 1 through 9.

Page 17, delete lines 24 through 42.

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Delete pages 18 through 19.

Page 20, delete lines 1 through 6.

Page 25, delete lines 34 through 37, begin a new paragraph and insert:

"Sec. 12. (a) Each diagnostic imaging facility licensed under this article shall pay a license fee or annual renewal fee.

(b) The license fee is due upon initial application for and annual renewal of the license. The amount of the fee is based upon total annual procedures performed as reported to the state department. The fee schedule is as follows:

Total Annual Procedures	Fee
0 - 799	\$500
800 - 3,499	\$1,000
3,500 - 6,999	\$2,000
7,000 and above	\$3,000

(c) If the fees collected under this section are insufficient to cover the cost annually incurred by the department in licensing and surveying diagnostic imaging facilities, the licensing fee applicable to hospitals licensed under IC 16-21 shall be increased by the amount determined by the budget agency to be necessary to cover each year's annual deficiency."

Page 28, delete lines 29 through 31.

Page 28, line 32, delete "(2)" and insert "(1)".

Page 28, delete lines 34 through 36.

Page 28, line 37, delete "(6)" and insert "(2)".

Page 28, line 41, delete "(7)" and insert "(3)".

Page 28, line 42, delete "(8)" and insert "(4)".

Page 29, delete lines 3 through 6.

Page 29, line 7, delete "(G)" and insert "(C)".

Page 29, line 8, delete "(H)" and insert "(D)".

Page 29, line 9, delete "(I)" and insert "(E)".

Page 29, line 10, delete "(J)" and insert "(F)".

Page 29, line 11, delete "(K)" and insert "(G)".

Page 29, line 12, delete "(L)" and insert "(H)".

Page 29, delete lines 14 through 30.

Page 29, line 34, delete "accounts." and insert **"accounts, or certified as accurate by the facility's owners."**

Page 32, delete lines 14 through 42.

Delete page 33.

Page 34, delete lines 1 through 24.

Page 36, delete lines 27 through 42.

Delete pages 37 through 38.

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Renumber all SECTIONS consecutively.
and when so amended that said bill do pass.

(Reference is to SB 416 as printed February 18, 2005.)

MEEKS, Chairperson

Committee Vote: Yeas 8, Nays 2.

SENATE MOTION

Madam President: I move that Senate Bill 416 be amended to read as follows:

- Page 1, line 4, delete "IC 16-21-9.5," and insert "**and**".
- Page 1, line 4, delete "and IC 16-24.5-7".
- Page 2, line 19, delete "IC 16-21-9.5," and insert "**and**".
- Page 2, line 20, delete "and IC 16-24.5-7".
- Page 2, delete lines 26 through 32.
- Page 3, line 2, delete "IC 16-21-6, IC 16-21-6.5," and insert "**IC 16-21-6 and**".
- Page 3, line 2, delete "IC 16-21-9.5,"
- Page 3, line 3, delete "IC 16-24.5-6, and IC 16-24.5-7,".
- Page 5, delete lines 21 through 35.
- Page 6, delete lines 2 through 8.
- Page 6, line 13, delete "IC 16-21-6.5-4;" and insert "**IC 16-21-6.5-3;**".
- Page 6, line 15, delete "IC 16-24.5-6-3." and insert "**IC 16-24.5-6-2.**".
- Page 7, line 42, delete "IC 16-21-6.5-5;" and insert "**IC 16-21-6.5-4;**".
- Page 8, line 2, delete "IC 16-24.5-6-4." and insert "**IC 16-24.5-6-3.**".
- Page 8, line 6, delete "IC 16-21-9.5," and insert "**and**".
- Page 8, line 6, delete "and IC 16-24.5-7,".
- Page 8, line 37, delete "IC 16-21-9.5," and insert "**and**".
- Page 8, line 37, delete "and IC 16-24.5-7,".
- Page 11, delete lines 40 through 42.
- Page 12, delete lines 1 through 10.
- Page 12, line 11, delete "Sec. 4." and insert "**Sec. 3.**".
- Page 12, line 15, delete "Sec. 5." and insert "**Sec. 4.**".
- Page 12, line 18, delete "Sec. 6." and insert "**Sec. 5.**".
- Page 12, delete line 25.
- Page 12, line 26, delete "(2)" and insert "**(1)**".

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Page 12, line 30, delete "(3)" and insert **"(2)"**.

Page 12, line 31, delete "(4)" and insert **"(3)"**.

Page 12, line 32, after "gross" insert **"patient"**.

Page 12, between lines 32 and 33, begin a new line double block indented and insert:

"(B) total Medicare contractual allowances;".

Page 12, line 33, delete "(B)" and insert **"(C)"**.

Page 12, line 33, after "gross" insert **"patient"**.

Page 12, delete lines 34 through 36, begin a new line double block indented and insert:

"(D) total Medicaid contractual allowances;

(E) gross patient revenue from all other third party payors;

(F) total contractual allowances for all other third party payors;".

Page 12, line 37, delete "(F)" and insert **"(G)"**.

Page 12, line 38, delete "(G)" and insert **"(H)"**.

Page 12, line 39, delete "(H)" and insert **"(I)"**.

Page 13, delete line 2 and insert **"accounts."**.

Page 13, line 3, delete "Sec. 7." and insert **"Sec. 6."**.

Page 13, line 5, delete "6" and insert **"5"**.

Page 13, line 8, delete "Sec. 8." and insert **"Sec. 7."**.

Page 13, line 8, delete "6" and insert **"5"**.

Page 13, line 32, delete "Sec. 9." and insert **"Sec. 8."**.

Page 13, line 32, delete "6" and insert **"5"**.

Page 13, line 37, delete "6" and insert **"5"**.

Page 13, line 40, delete "8" and insert **"7"**.

Page 14, line 13, delete "6 and 8" and insert **"5 and 7"**.

Page 14, line 15, delete "8" and insert **"7"**.

Page 14, line 23, delete "Sec. 10." and insert **"Sec. 9."**.

Page 14, line 26, delete "Sec. 11." and insert **"Sec. 10."**.

Page 14, line 30, delete "6 and 8" and insert **"5 and 7"**.

Page 14, line 35, delete "Sec. 12." and insert **"Sec. 11."**.

Page 14, line 38, delete "6 and 8" and insert **"5 and 7"**.

Page 15, line 4, delete "Sec. 13." and insert **"Sec. 12."**.

Page 15, line 8, delete "6 and 8" and insert **"5 and 7"**.

Page 15, line 16, delete "Sec. 14." and insert **"Sec. 13."**.

Page 15, line 21, delete "9" and insert **"8"**.

Page 15, delete lines 23 through 36.

Page 18, line 18, delete "an entity or a location" and insert **"a place, an entity, an enterprise, a motor vehicle, or a vehicle"**.

Page 18, line 19, delete "entity or a location" and insert **"place,**

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entity, enterprise, motor vehicle, or vehicle is a physician's office that".

Page 24, delete lines 4 through 16.

Page 24, line 17, delete "Sec. 3." and insert "**Sec. 2.**".

Page 24, line 21, delete "Sec. 4." and insert "**Sec. 3.**".

Page 24, line 24, delete "Sec. 5." and insert "**Sec. 4.**".

Page 24, delete lines 30 through 31.

Page 24, line 32, delete "(2)" and insert "**(1)**".

Page 24, line 36, delete "(3)" and insert "**(2)**".

Page 24, line 37, delete "(4)" and insert "**(3)**".

Page 24, line 38, after "gross" insert "**patient**".

Page 24, between lines 38 and 39, begin a new line double block indented and insert:

"(B) total Medicare contractual allowances;".

Page 24, line 39, delete "(B)" and insert "**(C)**".

Page 24, line 39, after "gross" insert "**patient**".

Page 24, delete lines 40 through 42, begin a new line double block indented and insert:

"(D) total Medicaid contractual allowances;

(E) gross patient revenue from all other third party payors;

(F) total contractual allowances for all other third party payors;".

Page 25, line 1, delete "(F)" and insert "**(G)**".

Page 25, line 2, delete "(G)" and insert "**(H)**".

Page 25, line 3, delete "(H)" and insert "**(I)**".

Page 25, delete line 8 and insert "**accounts.**".

Page 25, line 9, delete "Sec. 6." and insert "**Sec. 5.**".

Page 25, line 11, delete "5" and insert "**4**".

Page 25, line 14, delete "Sec. 7." and insert "**Sec. 6.**".

Page 25, line 14, delete "5" and insert "**4**".

Page 25, line 38, delete "Sec. 8." and insert "**Sec. 7.**".

Page 25, line 38, delete "5" and insert "**4**".

Page 26, line 1, delete "5" and insert "**4**".

Page 26, line 4, delete "7" and insert "**6**".

Page 26, line 19, delete "5 and 7" and insert "**4 and 6**".

Page 26, line 21, delete "7" and insert "**6**".

Page 26, line 29, delete "Sec. 9." and insert "**Sec. 8.**".

Page 26, line 32, delete "Sec. 10." and insert "**Sec. 9.**".

Page 26, line 36, delete "5 and 7" and insert "**4 and 6**".

Page 26, line 42, delete "Sec. 11." and insert "**Sec. 10.**".

Page 27, line 3, delete "5 and 7" and insert "**4 and 6**".

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Page 27, line 11, delete "Sec. 12." and insert "**Sec. 11.**".
 Page 27, line 15, delete "5 and 7" and insert "**4 and 6**".
 Page 27, line 23, delete "Sec. 13." and insert "**Sec. 12.**".
 Page 27, line 28, delete "8" and insert "**7**".
 Renumber all SECTIONS consecutively.

(Reference is to SB 416 as printed February 25, 2005.)

GARD

SENATE MOTION

Madam President: I move that Senator Simpson be added as coauthor of Engrossed Senate Bill 416.

GARD

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 416, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete the title and insert the following:

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Page 2, delete lines 25 through 32.

Page 5, delete lines 20 through 26.

Page 7, delete lines 7 through 13.

Page 10, delete lines 38 through 42.

Delete pages 11 through 13.

Page 14, delete lines 1 through 20.

Page 17, line 7, after "2." insert "**(a)**".

Page 17, between lines 10 and 11, begin a new paragraph and insert:

"(b) Notwithstanding subsection (a), the state department shall issue without additional requirements a license to a diagnostic imaging facility that is accredited by the American College of Radiology."

Page 20, line 8, after "fee." insert "**However, more than one (1) diagnostic imaging facility may operate under one (1) license if**

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each diagnostic imaging facility is:

- (1) owned by the same person or governmental unit; and
- (2) under the authority of the same governing board."

Page 22, delete lines 26 through 42.

Delete pages 23 through 25.

Page 26, delete lines 1 through 2.

Page 27, line 19, delete "review)." and insert "review of a diagnostic imaging facility).".

Page 27, line 41, delete "organization(as" and insert "organization (as".

Page 28, line 3, delete "IC 16-18-2-69.4;".

Page 28, after line 4, begin a new paragraph and insert:

"SECTION 21. [EFFECTIVE JULY 1, 2005] (a) As used in the SECTION, "diagnostic imaging facility" means a place, an entity, an enterprise, a motor vehicle, or a vehicle that provides diagnostic imaging services to an individual for the purpose of providing health care.

(b) As used in this SECTION, "diagnostic imaging service" means any of the following services or procedures:

- (1) Computed tomography.
- (2) Positron emission tomography.
- (3) Magnetic resonance imaging.
- (4) Nuclear imaging.
- (5) Ultrasonography, except when used in the course of providing obstetrical care.
- (6) Angiography.
- (7) A service or procedure identified as a diagnostic imaging service under a rule adopted by the state department under IC 16-24.5.

The term includes a service or procedure described in this subsection that requires the insertion of a needle, catheter tube, or probe through the skin or a body orifice.

(c) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.

(d) The commission shall study:

- (1) the need to obtain financial and patient information from diagnostic imaging facilities and ambulatory outpatient surgical centers;
- (2) the need to license diagnostic imaging facilities; and
- (3) if the commission determines that there is a need to obtain financial and patient information under subdivision (1):
 - (A) the means to collect the information; and

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(B) the health care professionals and facilities that should be required to report the information.

(e) Before November 15, 2005, the commission shall issue a report. The report must contain the commission's findings and recommendations. The commission shall submit a copy of the report to the executive director of the legislative services agency in an electronic format under IC 5-14-6.

(f) This SECTION expires December 31, 2005."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 416 as reprinted March 1, 2005.)

BECKER, Chair

Committee Vote: yeas 6, nays 4.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 416 be amended to read as follows:

Delete pages 1 through 19.

Page 20, delete lines 1 through 29.

Renumber all SECTIONS consecutively.

(Reference is to ESB 416 as printed April 1, 2005.)

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